DOCUMENT RESUME

ED 214 073 CG 015 809

AUTHOR Gilman, Susan
TITLE Preventative Mental Health Programs and School Systems: A Review of the Literature.
INSTITUTION Canadian Mental Health Association, Ottawa (Ontario).; Ottawa Board of Education (Ontario).
SPONS AGENCY Department of National Health and Welfare, Ottawa (Ontario).
PUB DATE Sep 81
NOTE 28p.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Children; *Elementary Education; Elementary School Students; Family School Relationship; Foreign Countries; Literature Reviews; *Mental Health Programs; *Prevention; *School Community Relationship; School Districts; School Personnel; *School Role
IDENTIFIERS *Canada

ABSTRACT

This paper contains a literature review on mental health programs, prevention measures, and school systems. The mental health of school children is examined, the concept of prevention is reviewed, and the role of the school system in prevention is discussed. Literature dealing with school-based efforts in concert with the family and the community is also reviewed. A section on the emerging role of the school mental health worker includes a description of potential programs that might be facilitated by a mental health worker in an elementary school. Programs considered include extensive experiential programs, intensive experiential programs, extensive environmental programs, and intensive environmental programs. Experiential and environmental programs are discussed further in the Evaluation and Research section. Conclusions are drawn from the sources which emphasize the importance of the school in preventative mental health programs and encourage the expansion of roles by mental health workers. A bibliography of references cited in this document is also included. (NRB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED214073

CG

PREVENTATIVE MENTAL HEALTH PROGRAMS AND SCHOOL SYSTEMS

A Review of the Literature

Prepared by Susan Gilman for the
Elementary School Mental Health Project

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Research Report 81-09

September 1981

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Frances C. Morrison

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The Elementary School Mental Health Project, a joint project of the Canadian Mental Health Association, Ottawa Branch and the Ottawa Board of Education, is funded by the National Health Research and Development Program, Health and Welfare, Canada.

Copies of this report are available from either of the addresses below:

Research Centre
Ottawa Board of Education
330 Gilmour Street
Ottawa, Ontario
K2P OP9

Ottawa Branch
Canadian Mental Health Association
55 Parkdale Avenue
Ottawa, Ontario
K1Y 1E5

CG 015809

TABLE OF CONTENTS

	Page
Mental Health of School Children	1
Prevention	2
The School System and Prevention	4
The School in Concert with the Family and the Community	5
The Emerging Role of the School Mental Health Worker	6
(a) Extensive Experiential Programs	8
(i) Career Development	9
(ii) Personal and Interpersonal Understanding	9
(iii) Value Clarification and Decision-Making	10
(iv) Intergroup Education	10
(v) Parent Education	10
(b) Intensive Experiential Programs	11
(c) Extensive Environmental Programs	12
(d) Intensive Environmental Programs	15
Evaluation and Research	16
(a) Experiential Programs	16
(b) Environmental Programs	17
Conclusions and Implications for ESMHP	19
References	21

Mental Health Of School Children

There is little doubt that specialists from many disciplines are among those most concerned with the increasing incidence of mental illness and emotional disturbance among children. Whether they be school counsellors, psychologists, psychiatrists, social workers or child care workers, these professionals are contributing to numerous journals in efforts to document effective models of intervention which may reduce the numbers of children needing remedial therapy. In describing his vision for the 1980 Counsellor R.F. Berdie (1972) spoke of a new profession in Applied Behavioral Science which could displace the overabundance of specialties and bring to the fore one kind of worker, knowledgeable in a variety of theories in a positive approach toward mental health.

In fact, as Schmuck and Schmuck (1974) point out the mental health application to learning climates is one which represents a diverse set of academic backgrounds and incorporates a flexible set of techniques. Through a debate on the nature of prevention, the most effective ways to increase a teacher's understanding of the psychological needs of pupils and a probing into the effects of environmental and social conditions on the lives of students, those concerned with the welfare of children have slowly been moving away from an emphasis on illness toward a clarification of mental health. While many items are suggested as components of mental health a list proposed by Jahoda (in Schmuck and Schmuck, 1974) is often referred to: 1) positive attitudes toward self, 2) optimal growth, development and self-actualization, 3) psychic integration, 4) personal autonomy, 5) realistic perceptions of the environment, and 6) adequate environmental mastery.

Prevention

An Ontario Government document (1979) is one comprehensive publication which brings together the most recent prevention literature and attempts to lay out a grid whereby various sectors can work together using preventive strategies in family support.

The notion of prevention has however been used in conjunction with a variety of projects which seem to work toward different goals. When Caplan and Grunebaum (1967) proposed that prevention consisted of three stages, primary, secondary and tertiary prevention, many authors incorporated this definition into their intervention strategies. In essence these three main kinds of prevention are:

1) primary: aimed at reducing the incidence of new cases in a population by a) concentrating on modifying stressful environments and b) educating individuals to cope with the stresses which are bound to impinge upon their lives.
2) secondary: aimed at reducing the number of existing cases of a disorder or dysfunction often by early identification and active treatment programs.
3) tertiary: aimed at reducing the after effects of disorders or dysfunctions by rehabilitation.

Some authors (Cumming 1972, Henderson 1975) clearly opposed the use of prevention as a strategy on the basis that the literature does not demonstrate clear positive effects of prevention programs, that since we cannot identify the causes of mental illness we cannot begin to teach prevention and that our workers are not trained adequately in community consultation

and prevention methods. Others (Berlin 1977, Cowen 1973, 1975) accept a limited use of the three stage definition by developing early identification and screening programs for use in elementary schools. Still others (Broskowski and Baker 1974, Landsberg 1977) reject this definition as being illsuited to the mental health area as it is designed on a public health or medical disease model which creates blocks to conceptualizing and implementing prevention strategies. The Ontario Government document (1979) adopts the definition of Stephen Goldston (1977) who limits his discussion of prevention to primary prevention; that is those activities directed toward "specifically identified vulnerable high risk groups, not labelled psychiatrically ill and for whom measures can be undertaken to avoid the onset of emotional disturbance and/or enhance their level of positive mental health." Such prevention activities take on an educational dimension geared at increasing the capacity of individuals to cope with their life crises and to take control over their own lives.

As Harper and Balch (1975) argue, this form of prevention is preferable from an economic standpoint because each extra unit of service decreases the cost of such service and service delivery can be extended profitably by para-professionals and volunteers.

The American Task Panel on Prevention (1978) suggests that primary prevention may lower the incidence of emotional disorders by reducing stress and/or by promoting conditions which increase competence and coping abilities. However, the Task Panel calls for a new paradigm which may be developed by beginning with the identification of stressful life events and studying their consequences, rather than continuing in the futile search for the causes of mental disorders.

Whatever their orientation, many professions appear to be engaged in the search for such a new paradigm. However to echo once again the vision of Berdie (1972), these many specialties must eventually be displaced by one which can bring together the various philosophies and theories to develop new preventive strategies in the pursuit of mental health.

Obviously this task can evolve to be one of the most critical for social science research for this decade. The need for a clearly defined program of research involving detailed strategies and well-established short term goals, intermediate criteria and long term goals is of paramount importance in developing valid and correctly interpreted studies in primary prevention (Flanagan 1971).

The School System and Prevention

Michael Rutter et al. (1979) have estimated that during the twelve years of formal education, children spend about fifteen thousand hours in school. Certainly if one accepts the notion that the environment plays a major role in enabling the individual to achieve and maintain mental health (Schmuck and Schmuck 1974), then it follows that a fundamental goal of all concerned with children must be the creation of a humane environment within the school system which can encourage young people to grow emotionally as well as intellectually (Couchman 1980). Couchman (1980) continues to echo the comments of the 1968 Hall Dennis Commission that the school must be aware of the health and emotional needs of children and cannot be indifferent to the social conditions of the area it serves. The skills of school staff, the strength of the curriculum, the values and attitudes

pervasive in the school milieu, the models provided by the teachers and the feedback received by the children can significantly alter the academic outcomes, behavior and attitudes of students (Rutter et al. 1979). The school has a proven role to play in the pursuit of mental health; it can make a difference.

The School in Concert with the Family and the Community

Couchman (1980) has pointed out that schools have enormous potential for alleviating the social and emotional problems experienced by young people. However, the challenge is often ignored at a time when the influence of the school is urgently required to balance negative social forces. A partnership between the school staff and families in developing consistent and cohesive approaches to the development of the child must be attempted in order to prevent the polarization that has already been observed to be taking place in some communites.

The work of Rutter et al. (1979) has demonstrated that there is a potential for the school to reverse the negative trends established by poor neighbourhood and family environments. Couchman (1980) goes on to suggest that schools may actually alter the value structure of communities. Research by Golembek and Kline (1976) has indicated that "one significant other person" may make the difference in the life of a child in crisis. Who is to say whether that "significant person" will be a worker or volunteer within the school system or a community agency or a member of the family? Braverman (1976) contributes to this discussion by proposing that a range of mental health workers from volunteers to psychiatrists be incorporated into the

school system to educate all children, to work with emotionally vulnerable children, to support parents and to carry out research and training in areas of child mental health and human development. While there clearly remains a strong role for the person who has been the school counsellor involved in counselling, consulting and coordination functions, as described in models put forward by such authors as Dinkmeyer (1966), Altmann (1972) and Christensen (1969), the evidence presented above suggests that the counsellor is in an excellent position to act as the essential linkage (Couchman 1980) with the community.

The Emerging Role of the School Mental Health Worker

For twenty-five years, the elementary school counsellor has been struggling to justify his position with the school system. Frequent surveys focusing on the status of or need for counselling in Canada (Merchant and Zingle 1977, Altmann 1971, Allan et al. 1979, Oksanen and VanHoose 1972) continue to reveal the need for such workers but decry the lack of such people who can say with security that they are employed as counsellors. The hard reality is that as the seventies drew to a close and economic recession brought more restraints to educational budgeting, we saw even fewer counsellors in place within schools. If the school does indeed present an ideal place for intervention and if we do want to employ a worker in the preventive functions of modifying the environment and educating individuals to improved mental health, then it appears that the school counsellor model must be seen as more flexible and more responsive to the social and economic environment and to the network of specialists who also work with children in the area of mental health. The identification "school counsellor" is in fact, limiting and therefore outdated and might be more appropriate if replaced by "mental

health worker" or "school-community worker". If such a perspective were adopted, it would be easier for this worker to move more freely into situations where he or she could impact on the entire school environment or work more fully with families and the community, as described above. Rather than be confined to counselling, consulting and coordination this person could assume the role of a catalyst or change agent, and become involved in activities to facilitate the incorporation of new programs and improved strategies. Further, rather than being tied to budgeting formulas of education systems, this worker might be funded through other community-based mental health bodies or by some cooperative venture on the part of various government departments.

Lewis and Lewis (1977a) have contributed to the development of a new mental health paradigm by presenting "community counselling" as a model. They continue with this approach in describing the role of a "community counselor" in educational settings (1977b). It is the Lewis and Lewis model Figure 1) which will be used as a framework to describe potential programs that might be facilitated by a mental health worker in an elementary school.

Figure 1

Community Counseling in the Elementary School*
(*Lewis and Lewis 1977b)

	Extensive	Intensive
Experiential	Educational Programs such as: Career Development Personal and Interpersonal understanding Value clarification Decis on making Intergioup conflict resolution Community and Parent Education	Accessible individual and group counselling, using professionals, community volunteers and trained peer counsellors.
Environmental	Advocacy on behalf of children and youth Encouragement of effective learning climates Development of flexible and democratic institutions	Case advocacy - both within schools and with community agencies Consultation with school personnel, parents and community workers Linkage with community agencies

a) Extensive Experiential Programs

Many educational programs have been developed to increase the decision - making and coping skills of a broad range of people who undoubtedly will face life adjustments and life crises.

Within the school curriculum, all students should have the opportunity to learn about themselves and others. In "out-of-school" hours, school resources should be available to parents and other adult citizens so that

they may be involved in learning the life skills which will affect the lives of children.

The mental health worker who may be knowledgable in any or all of the education areas may decide to teach such programs or may prefer to facilitate the availability of the program by inviting others to the school to deliver the programs to the students or their parents and teachers who can in turn use their new learnings at home and in the classroom. It is the mental health worker who probably has the best access to available materials and resources for innovative programs, who understands the need to encourage and support teachers in the development of new curriculums and who can bring students into the discussion around appropriate life-skills programs.

i) Career Development

The Lewis Model suggests that even very young children can develop their appreciation for work, their own aspirations for occupations, and their own performance around career goals. As specialization around occupations begins to occur early in secondary school, such awareness of self and work is invaluable.

ii) Personal and Interpersonal Understanding

Stone et al.(1975) cite the work of Carkhuff, Ivey and Alschuler, and Bandura in demonstrating through their own research that therapeutic skills related to personal growth can be directly taught to elementary school children. Pancrazio (1970), Ojemann (1969) and Griggs (1971) outline the benefits of teaching psychological concepts and preventive mental health skills in the classroom. Lewis and Lewis (1977b) suggest some of the available tools such as the "DUSO" kit developed by Dinkmeyer, the "magic circle"

developed by Bessell and Palomares and the multi-media series which are available on self-development and personality.

iii) Value Clarification and Decision-Making.

In spite of some backlash which has arisen against the inappropriate use of values teaching as opposed to the more appropriate attempts to assist students to develop and clarify their own values, values clarification remains an excellent educational tool. While Simon and Clark (in Lewis and Lewis 1979b) are the best-known authors in the area, other texts have expanded the adaptation of values clarification for the elementary school.

iv) Intergroup Education

Especially in urban areas where children of various cultures and economic groups meet on a daily basis, tensions and conflicts can develop quickly on the playground and more subtlely within the classroom. Facing these differences honestly as they arise by discussing them in an Adlerian-style classroom meeting can bring about new learnings and understandings.

v) Parent Education

Nash (1978) describes an Adlerian model, Gordon (1977) outlines the benefits of the Parent Effectiveness model and Lewis and Lewis (1977b) propose the approaches set out in texts by Dinkmeyer and McKay and Dreikers as possible models for parent education programs that can be run in connection with school activities. Research conducted by Hayes et al (1977) tends to support the view that counselling indirectly with the parents of students with behavioral difficulties is more effective than directly counselling the students. Such a finding certainly has implications for mental health workers who want to put their energies to work effectively.

b) Intensive Experiential Programs

The more traditional counselling functions of one-to-one or small group sessions remain important. In fact, the Lewis Model (1977b) clearly affirms the right of students to immediate and informal access to someone within the school setting for long range developmental counselling or short term support.

The better the mental health worker is at "being there" for students, the more her services will be demanded. While in many cases the skills of this worker will be directly required for counselling, other helpers can often provide appropriate support and can become "the significant other" (Golembek and Couchman 1976) who may intervene most effectively. Allen (1980) and Altmann (personal communication) have been involved with developing peer support systems among elementary children and Allen offers a model useful in training sixth and seventh graders to do play therapy with pre-schoolers. Anderson (1976) describes a three-year program of training for teachers who volunteered to learn how to work in this capacity with children. Teaching human relations skills to teachers has been a focus for many educators and can make the difference in teacher-student interactions (Gazda, 1973, Sauber 1973). Otherways, Inc. (Lumley 1980) operates group play therapy sessions with emotionally vulnerable children in schools in the Belleville-Trenton area. Their program functions from a community base and is run by some staff and some trained volunteers. The Human Services Community in Guelph has operated for approximately eight years in training volunteers and professionals alike in the helping skills first suggested by Carkhuff and associates and developed by Bierman and colleagues As part of the Guelph activities, a play therapy program was incorporated

into an elementary school; parents, teachers and school counsellors in the area were able to bring improved skills to children. The Carkhuff program was also used by Vander Kolk (1973) in training teacher aides to work toward building self-esteem among moderately disturbed children from kindergarten to grade five. It is clear that the use of trained paraprofessionals can positively benefit school children by expanding the mental health program.

In Rochester, New York, a well-documented study (Cowen 1973, Cowen et al. 1967, 1975, Lorion et al.1976) entitled the Primary Mental Health Project involves an extensive volunteer training and consultation program in the treatment of children who are identified as "at risk" early in their school career.

Durlak (1977) adapted the Primary Mental Health Project to a school but used teacher volunteers and college students instead of trained paid housewives and behavioral reinforcement rather than an individual empathic acceptive relationship. His findings indicated that eight weekly group sessions were conducive in bringing about significant changes. The implication therefore is that such models of intervention using trained volunteers can be adapted to fit school and community needs and resources and continue to be effective.

c) Extensive Environmental Programs

Perhaps the newest area to the task of the in-school mental health worker is this one concerning environmental change. It has been a difficult area to research and document for many reasons.

First, because school counsellors have been forced to justify their positions for so long, they are either reluctant to develop their profile

as change agents or are prevented from doing so by other school personnel.

Second, school counsellors have seldom been involved with the community outside the school and have remained remote from situations where their students are involved with courts, police, community agencies, recreation boards or businesses. In fact, rather than acting as advocates of their students, counsellors have probably been consulted to add further evidence that the young people have been functioning as deviants inside the school as well as outside.

Third, because atmosphere or environment are such difficult concepts to quantify, very few instruments have been developed (Aubrey and McKenzie 1978) that can measure aspects of classroom or school environments and most of the measures developed have been designed for the purpose of increasing teacher efficiency in subject instruction.

Fourth, as Jones and Stewart (1980), Klein and Benyamini (1974) and Broskowski and Baker (1974) point out, the more traditional counselling approaches have not been compatible with research methods designed around control studies and inferential statistical analysis of limited dependent variables. To bring counselling strategies closer to evaluation techniques, they suggest a shift to an ecological model, general systems theory and organizational development theory through which the positive resources and capacities of schools can be better developed.

Early attempts to focus upon classroom social climate (Wittmer and Myrick 1972, Daily 1972, Schmuck 1963, Sarason 1972) allowed some discussion about more positive teaching styles and the impact of school counsellors as catalysts for more humane school environments. However, the recent evidence provided by Rutter et al. (1979) regarding the

importance of the school values and the models provided by school personnel in the lives of children, has opened the door for more concrete research in the area of positive school atmosphere.

Some instruments have been developed, such as the Self-Observation Scale (Stenner and Katzenmeyer), the Barclay Classroom Inventory (Barclay 1976) and the Quality of School Life Scale (Epstein and McPartland 1976), which attempt to assess the social and affective interaction in the elementary classroom as well as student satisfaction with school in general. Now that these scales are developed and tested, mental health workers have access to some tools which will enable them to bring the discussion around effective learning climates and flexible and democratic institutions more directly to the immediate environment of their schools.

Not only have counsellors been lacking the research evidence around environment, but also even if they have had a sense of the need for change, their training has not shown them how to go about effecting change. Accordingly, the literature reflects little initiation on the part of counsellors regarding the change agent role. Jones and Stewart (1980) note this and have developed a generic model, Systems Analysis and Organizational Change, which can be presented within the counsellor education curriculum and used by mental health workers to identify problem areas, analyze problem elements and develop solutions.

Another source for organization theory as it applies to the school system is found in the extensive publications by Schmuck and associates. Since the early handbook, Diagnosing Classroom Learning Environment (Fox et al. 1966) which presented tools for evaluating social relations, classroom learning climates, self-concept, student-teacher interaction and the effect of outside influences, the Schmuck literature has expanded. Organizational

Development in Schools (Schmuck and Miller 1971) and the Second Handbook of Organizational Development in Schools (Schmuck et al. 1977) include detailed suggestions for such topics as evaluating classroom group process, setting school goals, alleviating conflict, solving problems and evaluating intervention strategies.

As Lewis and Lewis (1977b) conclude, the counsellor can play an important role in formulating the policies and procedures that can make the school a creative, open, living institution. The more responsive the school is to student needs, the broader the participation by individual students and staff in active decision-making, then the healthier will be the school environment.

d) Intensive Environmental Programs

In the past, children with special difficulties have been referred outside the school for intensiye therapy or intervention by psychologists and social workers. Too often the communication has stopped as soon as the referral has been made even though the children have continued daily school attendance. In many cases children who have become involved with police or the Children's Aid have been cut off from the helping relationships established at school because they have been removed to other foster homes or residential treatment facilities. If the mental health worker is more closely linked with community agencies, the needs of individual children can be more fully addressed when planning treatment programs.

Miller and Reinken (1977) proposed a cooperative school-community model whereby community workers would spend more time working closely with school personnel. Other models of school-community consultation have been developed by Anderson (1976) and Meyers et al. (1979). Certainly joint school-community

endeavours can only serve to bring more effective help to children in distress.

The consultation process must be maintained in other areas as well. The mental health worker who has established a warm relationship with a child who has a problem can be supportive in offering encouragement and suggestions to others involved with the child, including of course, his teachers and his parents and family. While consultation of this nature may have to move more into confrontation strategies when early bridge-building efforts fail, the mental health worker must realize that children are often not in positions to help themselves and need the intervention of an advocate who can pave the way toward more positive experiences. In the school setting mental health workers must be accountable to the students they serve by aiding young people in their development toward health independent maturity and by taking action to provide an environment that nurtures growth and creativity (Lewis and Lewis 1977b).

Evaluation and Research

For at least a decade as school counsellors have been striving to establish and maintain their credibility against the forces of staff cuts and curriculum changes, researchers have been developing and testing out instruments useful for assessing counsellor effectiveness.

a) Experiential Programs

It is in the experiential area of the counselling program that mental health workers have access to the greatest variety and number of evaluation tools. Robie et al. (1979) have catalogued an extensive list of the available measures according to the general counselling goals proposed by the American School Counsellors Association and then sorted them using a variety of out-

come articles which have appeared in national journals to obtain a list of specific outcome variables. Using this catalogue, a counsellor can quickly identify the measures available for a general goal (for example: assist students in appropriate personal adjustment), then for a specific outcome variable (for example: self-esteem), and come up with a list of sixteen possible measures (for example: the Tennessee Self-Concept Scale)- with accompanying references for outcome studies.

A literature review prepared by Ronald Riggs (1979) provides further assistance to counsellors by exploring the issues and trends in evaluating the effectiveness of practitioners and counsellor education programs. It is interesting to note that Riggs (1979) suggests that counsellors who have been fearful of evaluation programs in the past can take heart in the realization that program evaluation can help them improve the valuable service that they are offering and, further that counsellors should expect input in this evaluation process from the population they serve.

b) Environmental Programs

Environmental research presents new challenges to school counsellors, mental health workers and their support systems. In the past research has been seen as antithetical to the humanities, an incongruous element in the counselling experience (Kehas in Aubrey and MacKenzie 1978). Accordingly counsellors have left such enquiry to outside "research institutions", have then been often critical of chosen research questions in which they had no say and have joined other skeptical school personnel in avoiding any evaluation programs. Aubrey and MacKenzie (1978) invite counsellors to abandon such a role as "passive robots" and urge them to take hold of the very critical legitimacy issue they face by developing their role as School

Research Catalyst. In fact, these authors continue that the counsellor is in ideal position as an advocate for pupils, teachers and parents to become the pivot for data gathering and planning in the school.

First, in developing a mental health program, Aubrey and MacKenzie (1978) point to the value of the Needs Assessment as an identifier of problem areas. It is conceivable that such tools as Self-Esteem Inventories may be useful in understanding the needs of students as they are clustered from class to class. New measures like The Child Health Questionnaire (Butler 1975) are attempting to evaluate the psychological health of children ages six to nine. Another, The Quality of School Life Scale (Epstein and McPartland 1976) seeks to recreate within schools information generated by Job Satisfaction Scales by measuring satisfaction with school in general, commitment to school work and attitudes toward teachers for elementary, middle and high school students.

Second, because mental health workers are able to sense how the environment of the school impacts upon the individuals who live within it, Aubrey and MacKenzie (1978) offer suggestions about methods of determining such impact. One procedure involves actually shadowing a student or group of students throughout the school day, keeping notes of the pressures that a person may experience and then discussing the notes with the students at the end of the school day. Such a process is akin to some Action Research Strategies and if continued for several days can reveal interesting data. Another form of assessment, looking at the "guts of the school system" is the evaluation of the classroom climate. The Barclay Classroom Climate Inventory (1976) (BCCI), specially designed to determine social interaction and expectation variables for elementary and junior high school children,

is suggested as a beginning point for consultation with teachers, administrators and parents. Finally, another newer scale, QUESTA (1973) (Questionnaire for Students, Teachers and Administrators) is a device which attempts to assess the total school climate.

Whatever the method, Aubrey and MacKenzie present a strong case for mental health workers and counsellors alike to grab hold of their integrity as people with a unique contribution to make in stepping out of the counselling office and in serving as "catalysts for change" in the school environment.

Conclusions and Implications for ESMHP

It appears that specialists from many professions recognize that the pursuit of positive mental health is a goal to be taken up in all areas of service delivery and research. Many authorities including the Ontario Ministry of Community and Social Services, have committed not only policies but also monies to research in the primary prevention area with the purpose of educating individuals to better life skills for coping with crises and of modifying environments which are stress inducing. While suggestions for prevention methods are offered from many traditional corners, the futility of relying upon old research methods indicates that now is the time to search for a new paradigm.

The school has been found to be an effective place for intervention, but particularly if it works in coalition with the family and the community. A mental health worker who can facilitate an experiental program composed of educational and counselling elements and who can commit himself or herself to an environmental program wherein the worker will be called upon to actively intervene in the climate both within and without the school on behalf of young people may eventually emerge as the applied behavioral scientist with

the most flexible and most relevant approach to mental health in the 1980's. It is therefore appropriate for such workers to test out new roles, in particular that of "environmental researcher" and to seek new ways to expand the service delivery of the more traditional yet highly valued areas of education and counselling through involving volunteers, trained paraprofessionals and other community workers more fully in the life of the school.

References Cited

Allan, John A.B., Doi, K. and Reid, C. Need Assessment: A Survey of Principals' Primary and Intermediate Teachers' Perception of the Counsellor's Role in BC's Elementary Schools, The Canadian Counsellors, 14(1), October 1979, pp. 27-31.

Allan, John A.B. Training in Caring: A Practical Program for Sixth and Seventh Graders with Pre-Schoolers, The Canadian Counsellor, 14(3), April 1980, pp. 146-150.

Altman, H.A. The Need, Function, and Theory of Elementary Counselling, The Canadian Counsellor, 6(4), October 1972, pp. 220-229.

Altmann, H.A. Status of Elementary Counselling in the Province of Alberta, The Canadian Counsellor, 5, 1971, 41-45.

Anderson, Luleen S. The Mental Health Center's Role in School Consultation: Toward a New Model, Community Mental Health Journal, 12(1), 1976, pp. 83-88.

Aubrey, Roger F. and McKenzie, Frances W. The School Counsellor as Environmental Researcher, in Research Methods for Counselors: Practical Approaches in Field Settings, Goldman, Leo (ed.) New York: John Wiley and Sons, 1978, pp. 237-265.

Barclay, James R. Barclay Classroom Climate Inventory: Self-Observation Scale, Lexington, Kentucky: Educational Skills Developemnt, Inc., 1976.

Berdie, R.F. The 1980 Counselor: Applied Behavioral Scientist, Personnel and Guidance Journal, 50, 1972, pp. 451-456.

Berlin, Irving N. Preventive Aspects of Mental Health Consultation to Schools, in School Consultation: Readings About Preventive Techniques for Pupil Personnel Workers, Meyers, J., Martin, R., Human I. (eds), Springfield Illinois: Charles C. Thomas Publishers, 1977, pp. 211-221.

Bierman, Ralph (ed.), Toward Meeting Fundamental Human Needs: Preventive Effects of the Human Service Community. Guelph: Human Service Community, Inc., March 1976.

Blocher, D.H., Dustin, E.R. and Dugan, W.E. Guidance Systems: An Introduction to Student Personnel Work, New York: Ronald Press, 1971.

Braverman, J. The School System as the Vehicle of Preventive Psychiatry, Canadian Journal of Public Health, 67, 1976, pp. 61-63.

Broskowski, A. and Baker, F. Professional, Organizational, and Social Barrier to Primary Prevention, American Journal of Orthopsychiatry, 44(5), 1974, pp. 707-719.

Butler, Alan C. The Child Health Questionnaire: Preliminary Data, Psychology in the Schools, 21(2), April 1975, pp. 153-160.

Caplan, C. and Grunebaum, H. Perspectives on Primary Prevention: A Review, in Archives in General Psychiatry, 17, 1967, p. 331.

Carkhuff, R.R. and Berenson, B.A. Beyond Counselling and Therapy, New York: Holt, Rinehart and Winston, Incorporated, 1967.

Christenson, Oscar R. Education: A Model for Counselling in the Elementary School, Elementary School Guidance and Counselling, 4(1), 1969, pp. 12-19.

Couchman, Robert. The Unrealized Resource: Impact of the School on Children's Mental Health, The School Guidance Worker, 35(6), 1980, pp. 12-18.

Couchman, Robert. The Vulnerable Child and the Significant Other Person, Recreation Research Review, Waterloo 7(1), 1979, pp. 13-17.

Cowen, Emory L. Social and Community Interventions, Annual Review of Psychology, 24, 1973, pp. 423-472

Cowen, Emory, Garden, A., Zax, M. Emergent Approaches to Mental Health Problems, New York: Appleton-Century Crofts, 1967.

Cowen, E.L., Trost, M.A., Dair, P., Lorion, P., Izzo, L.D. and Isaacson, R.V. New Ways in School Mental Health: Early Detection and Prevention of School Maladaptation, New York: Human Sciences Press, 1975.

Cumming, Elaine. Primary Prevention - More Cost Than Benefit, in The Critical Issues of Cummunity Mental Health, New York: Behavioral Publications, 1972, pp. 161-173.

Daily, Frances M. Predicting Social Structure from the Sociometric Question, 1972, ED096344.

Dinkmeyer, D. Developmental Counselling in the Elementary School, Personnel and Guidance Journal, 45, 1966, pp. 260-267.

Durlak, Joseph A. Description and Evaluation of a Behaviorally-Oriented School-Based Preventive Mental Health Program, Journal of Consulting and Clinical Psychology, 45(1), 1977, pp. 27-33.

Epstein, Joyce L. and McPartland, James M. The concept and Measurement of the Quality of School Life, American Education Research Journal, 13(1), 1976, pp. 15-30.

Fairbanks, Dwight W. Child Development Specialist Program: An Adopters Guide, 1976, Oregon State Department of Education, ED 135489.

Flanagan, John C. Evaluation and Validation of Research Data in Primary Prevention, American Journal of Orthopsychiatry, 41(1), 1971, pp. 117-123.

Fox, Robert, Luszki, Margaret B. and Schmuck, Robert. Diagnosing Classroom Learning Environments, Chicago: Science Research Associates, Inc., 1966.

Gazda, George M. Human Relations Development: A Manual for Educators, Boston: Allyn and Bacon, Inc. 1973, pp. 1-20.

Goldston, Stephen E. Defining Primary Prevention, in Primary Prevention of of Psychopathology, Volume I: The Issues, Albee, A. and Joffe, J.M. (eds.) Hanover: The University Press of New England, 1977, pp. 18-23.

Golembek, H. and Couchman, R. Sixty Thousand Children, Canadian Mental Health, Ottawa 24(4), 1976, pp. 2-5.

Gordon, Thomas. Parent Effectiveness Training: A Preventive Program and Its Delivery System, in Primary Prevention of Psychopathology, Volume I: The Issues, Albee, G. and Joffe, J.M. (eds.) Hanover: The University Press of New England, 1977, pp. 175-186.

Gottlieb, B.M. and Torney, D.J. A Missing Perspective on Health, Canadian Welfare, 51, 1976, pp. 14-17.

Griggs, Joe. A Brief Summation of Statistically Significant Findings of Some of the Research Studies Involving the"Causal" Approach to Preventive Mental Health in the Classroom, Educational Research Council of America, 1971, ED063127.

Harper, R. and Balch, P. Some Economic Arguments in Favour of Primary Prevention, Professional Psychology, 6(1), 1975, pp. 17-25.

Hayes, Edward J., Cunningham, George K., and Robinson, Joseph B. Counselling Focus: Are Parents Necessary? Elementary School Guidance and Counselling, 12(1). 1977, pp. 8-13.

Henderson, James. The Illusion of Primary Prevention, Bulletin of the Menninger Clinic, 39(1), 1975, pp. 233-245.

Horne, Sydney B. A Model for Providing Guidance Services in Elementary Schools: A Generalist Preventive Approach, 1976, ED137646.

Jones, Michael D. and Stewart, Norman R. Helping the Environment Help the Client: A Sequenced Change Process, The Personnel and Guidance Journal, 58(8), April 1980, pp. 501-506.

Klein, Zev and Benyamini, K. Possible Negative Effects of Mental Health Intervention, Mental Health and Society, 1, 1924, pp. 275-283.

Landsberg, Gerald. The State of Prevention in Mental Health Care, Perspectives in Psychiatric Care, 15(1), 1977, pp. 15-17.

Lewis, Judith A. and Lewis, Michael D. The Counsellor's Impact on Community Environments, Personnel and Guidance Journal, 55, 1977a, pp. 356-358.

Lewis, Judith A. and Lewis, Michael D. Community Counselling: A Human Services Approach, New York: John Wiley and Sons, 1977b, pp. 263-303.

Lintula, P. and Miezitis, Solveiga. A Classroom Observation-Based Consultation to Early Identification, The Ontario Psychologist, 9(4), 1977, pp. 29-44.

Lorion, Raymond P., Caldwell, Robert A., and Cowen, Emory. Effects of a School Mental Health Project: A One-Year Follow-up, Journal of School Psychology, 14(1), 1976, pp. 56-63.

Lumley, Charles (ed.). The Otherways Program: Developing Neighbourhood Support Programs, Belleville: Otherways, Inc., 1980.

Merchant, D. and Zingle, H. Elementary School Guidance in Canadian Urban Areas: A Study of Present Counsellor Fonctions, The Canadian Counsellor, 11(4), 1977, pp. 201-209.

Meyers, Joel, Parsons, Richard D. and Martin, Roy. Mental Health Cousultation in the Schools, San Francisco: Jossey Bass, 1979.

Miller, Gary M. and Reinken, Mary-Lou. A School-Community Mental Health Counselling Effort, The School Counsellor, 25(1), 1977, pp. 36-42.

Nash, Edna M. A School for Parents: An Innovation in an Elementary School, The Canadian Counsellor, 13(1), 1978, pp. 30-84.

Ontario Ministry of Community and Social Services. The State of the Art: A Background Paper on Prevention, Toronto: October, 1979.

Ojemann, R.H. Incorporating Psychological Concepts in the School Curriculum, in Mental Health and the Educative Process, Clarizio, H.F. (ed.), New York: Rand McNally, 1969, pp. 360-368.

Pancrazio, James J. Mental Health and the Elementary School Counsellor and Classroom Teacher, American Personnel and Guidance Association, March 1970, ED040432.

Report of the Task Panel on Prevention, President's Commission on Mental Health, Vol 4, Washington: U.S. Government Printing Office, 1978, pp. 1822-1863.

Riggs, Ronald C. Evaluation of Counselor Effectiveness, Personnel and Guidance Journal, 58 (1), 1979, pp. 54-59.

Robie, B.D., Gansneder, B.M. and Van Hoose, W.H. School Guidance and Counselling Program Outcomes and Measures for their Assessment, Measurement and Evaluation in Guidance, 12(3), 1979, pp. 147-165.

Rutter, Michael et al. Fifteen Thousand Hours: Secondary Schools and Their Effects on Children, London: Open Books, 1979.

Rutter, Michael. Protective Factors in Children's Responses to Stress and Disadvantage. Paper presented at Third Conference on the Primary Prevention of Psychopathology: Burlington, Vermont, June 22-25, 1977.

Sarason, S.B. The Culture of the School and the Problem of Change, Boston: Allyn and Bacon, 1971.

Sauber, S. Richard. Preventive Educational Intervention for Mental Health, Cambridge, Massachusetts: Ballinger Publishing Co., 1973.

Schmuck, R.A. and Miles, Matthew B. Organizational Development in Schools, Palo Alto: National Press Books, 1971.

Schmuck, R.A., Runkel, P.J., Arends, J.H. and Arends, R.I. The Second Handbook of Organizational Development in Schools, Palo Alto: Mayfield Publishing, 1977.

Schmuck, R.A. and Schmuck, P.A. A Humanistic Psychology of Education: Making The School Everybody's House, Palo Alto: National Press Books, 1974, pp. 59-70.

Stenner, A. Jackson and Katzenmeyer, W.G. Self-Observation Scale, Durham, North Carolina: National Testing Service.

Stone, G.L., Hinds, W.C. and Schmidt, G.W. Teaching Mental Health Behaviors to Elementary School Children, Professional Psychologist, 6, 1975, pp. 34-40.

Vander Kolk, Charles. Paraprofessionals as Psychotherapeutic Agents With Moderately Disturbed Children, Psychology in the Schools, 10(2), 1973, pp. 238-242.

Wittmer, J.M. A Rationale for Guidance in the Elementary School, Educational Resources Information Center, 1968, ED025-790.

Wittmer, Joseph and Myrick, Robert D. School Climate and the Elementary School Counsellor: A Comparative Study, The Canadian Counsellor, 6(2), 1972, pp. 77-82.